MEDI-CAL UPDATE Part 2
Billing and Policy
www.medi-cal.ca.gov

Allied Health • Therapies

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Contents

New Lower Limb Prostheses Benefit

Effective for dates of service on or after May 1, 2006, HCPCS code L5611 (addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control) is a Medi-Cal benefit.

Lower limb prostheses (HCPCS codes L5610 – L5617) are reimbursable only when a referring physician has documented the medical necessity for these types of appliances. Code L5611 is appropriate only for recipients with a medical necessity for "swing phase control," and is restricted to once per three-year period. The prosthetist must submit a *Treatment Authorization Request* (TAR) that documents the recipient's functional needs, including the recipient's:

- Past history, including prior prosthetic use, if applicable;
- Current condition, including status of the residual limb and the nature of other medical problems;
- Ability to reach or maintain a defined functional state within a defined and reasonable period of time; and
- Motivation to ambulate.

A patient's functional level must be "1" or higher to qualify for this benefit. Any individual whose functional level is "0" is not a candidate for this type of prosthesis and Medi-Cal coverage will be denied.

The updated information is reflected on manual replacement pages ortho cd2 5 (Part 2).

Exceptions to Submitting CIFs

Providers are reminded not to submit *Claims Inquiry Forms* (CIFs) for the following Remittance Advice Details (RAD) code messages, unless information on the CIF specifically addresses the denial reason. For example, if the denial was 002, but an error is found in the recipient ID on the original claim, this would be an appropriate CIF, with a changed recipient ID. However, if providers wish to challenge the determination, a CIF will result in the same denial. A review by a person in the appeals unit is the only way of resolving denials if the claim has a unique circumstance needing human intervention.

Code	Message
0002	The recipient is not eligible for benefits under the Medi-Cal program or other special programs.
0010	This service is a duplicate of a previously paid claim.
0072	This service is included in another procedure code billed on the same date of service.

Please see **Exceptions**, *page 2*

Exceptions *(continued)*

Code	Message
0095	This service is not payable due to a procedure, or procedure and modifier, previously reimbursed.
0314	Recipient not eligible for the month of service billed.
0326	Another procedure with a primary surgeon modifier has been previously paid for the same recipient on the same date of service.

The updated information is reflected on manual replacement page cif co 2 (Part 2).

CCS/GHPP SAR Exceptions Update

Effective for dates of service on or after April 1, 2006, California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) providers need a separate Service Authorization Request (SAR) for the following drugs, factors and nutritional products:

- Anti-Inhibitors (J7198)
- Factor VIIa Recombinant (Q0187)
- Minerals/Protein Replacements/Supplements
- Sildenafil
- Tadalafil
- Vardenafil
- Von Willebrand Factors (Q2022)

In addition, effective for dates of service on or after April 1, 2006, Factor VIIa Recombinant should be billed using HCPCS code Q0187. HCPCS code Z5230 will no longer be an active code.

This updated information is reflected on manual replacement page cal child sar 6 (Part 2).

Instructions for Manual Replacement Pages — Part 2

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Remove and replace:	cal child sar 5/6
Remove:	cif co 1 thru 10
Insert:	cif co 1 thru 11
Remove and replace:	ortho cd2 3 thru 8